



Instructions:
**Change of Registered
Office or Agent by a
Limited Liability Company**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

- ☐ 1. Submit this form with the **\$35** filing fee.
- ☐ 2. Any of the following may serve as a resident agent:
- a) an individual,
 - b) a Kansas corporation, limited partnership, limited liability company or business trust, or
 - c) a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas.
- A foreign limited liability company may not be its own resident agent.
- ☐ 3. This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail) please submit form MA, available at www.sos.ks.gov.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

RLL**53-06**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Business entity ID number:***This is not the Federal Employer ID Number (FEIN)***2. Name of limited liability company:***Name must match the name on record with the Secretary of State***3. State/Country of organization:****4. The new name of the resident agent and address of the registered office in Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***5. Effective date:***A future effective date must be within 90 days of filing date*☐ **Upon filing**☐ **Future effective date***Month**Day**Year***6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.***Signature of authorized person**Date (month, day, year)**Name of signer (printed or typed)*